

**EPA****FORM R****TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORM**United States  
Environmental Protection  
AgencySection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)

Enter "X" here if this  
is a revision

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.****PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

**2.1** Are you claiming the toxic chemical identified on page 2 trade secret?  
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

**2.2** Is this copy ☐ Sanitized ☐ Unsanitized  
(Answer only if "YES" in 2.1)

**SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: **WILLIAM H. ROSEN** **MANAGER** Signature: Date Signed: **06/30/2000**

**SECTION 4. FACILITY IDENTIFICATION**

**4.1** TRI Facility ID Number **98134-LSKNC-32006**

Facility or Establishment Name **ALASKAN COPPER WORKS**  
 Facility or Establishment Name or Mailing Address (if different from street address) **ALASKAN COPPER WORKS**

Street **3200 6TH AVE. S.**  
 Mailing Address **P.O. BOX 3546**

City/County/State/Zip Code **SEATTLE KING WA 98134- SEATTLE WA 98124-**

**4.2** This report contains information for:  
 (Important : check a or b; check c if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility

**4.3** Technical Contact Name **SHAWN RAJABI** Telephone Number (include area code) **(925) 944 - 9000**

**4.4** Public Contact Name **JAMES C. BROWN** Telephone Number (include area code) **(206) 623 - 5800**

**4.5** SIC Code (s) (4 digits) **Primary a. 3498 b. 3443 c. 3471 d. e. f.**

**4.6** Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds  
**047 34 23 122 19 29**

**4.7** Dun & Bradstreet Number(s) (9 digits) **009255571** **4.8** EPA Identification Number (RCRA I.D. No.) (12 characters) **WAD980738546** **4.9** Facility NPDES Permit Number(s) (9 characters) **NA** **4.10** Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) **NA**

**SECTION 5. PARENT COMPANY INFORMATION**

**5.1** Name of Parent Company **NA** **ALASKAN COPPER COMPANIES, INC.**

**5.2** Parent Company's Dun & Bradstreet Number **NA** **009255571**

**EPA FORM R**  
**PART II. CHEMICAL-SPECIFIC INFORMATION**

TRI Facility ID Number
98134-LSKNC-32006
Toxic Chemical, Category or Generic Name
NITRIC ACID

**SECTION 1. TOXIC CHEMICAL IDENTITY** (Important: DO NOT complete this section if you completed Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 007697372
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) NITRIC ACID
<b>1.3</b>	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.) NA

**SECTION 2. MIXTURE COMPONENT IDENTITY** (Important: DO NOT complete this section if you completed Section 1 above.)

<b>2.1</b>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
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**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**  
(Important: Check all that apply.)

<b>3.1</b>	Manufacture the toxic chemical:	<b>3.2</b>	Process the toxic chemical:	<b>3.3</b>	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce    b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging		a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

<b>4.1</b>	02 (Enter two-digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

		A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
<b>5.1</b>	Fugitive or non-point air emissions NA <input type="checkbox"/>	5	0	
<b>5.2</b>	Stack or point air emissions NA <input checked="" type="checkbox"/>	NA		
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
<b>5.3.1</b>	NA			
<b>5.3.2</b>				
<b>5.3.3</b>				
<b>5.4.1</b>	Underground Injection onsite to Class I Wells NA <input checked="" type="checkbox"/>	NA		
<b>5.4.2</b>	Underground Injection onsite to Class II-V Wells NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1 (example: 1,2,3, etc.)

1

## EPA FORM R

## PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

98134-LSKNC-32006

Toxic Chemical, Category or Generic Name

NITRIC ACID

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

## SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

## 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

## 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)				6.1.A.2 Basis of Estimate (enter code)			
0				M			
6.1.B.1		POTW Name	METRO				
POTW Address		821 SECOND AVENUE					
City	SEATTLE	State	WA	County	KING	Zip	98104-
6.1.B.2		POTW Name					
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)				NA			
Off-Site Location Name		NA					
Off-Site Address							
City		State		County		Zip	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

98134-LSKNC-32006

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## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## 6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY



Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
<b>7A.1a</b>	<b>7A.1b</b>	<b>7A.1c</b>	<b>7A.1d</b>	<b>7A.1e</b>
1	C01	2	C09	
3	C11	4	NA	5
6		7		8
W		1	100 %	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7A.2a</b>	<b>7A.2b</b>	<b>7A.2c</b>	<b>7A.2d</b>	<b>7A.2e</b>
1		2		
3		4	%	Yes No <input type="checkbox"/> <input type="checkbox"/>
6		7		8
<b>7A.3a</b>	<b>7A.3b</b>	<b>7A.3c</b>	<b>7A.3d</b>	<b>7A.3e</b>
1		2		
3		4	%	Yes No <input type="checkbox"/> <input type="checkbox"/>
6		7		8
<b>7A.4a</b>	<b>7A.4b</b>	<b>7A.4c</b>	<b>7A.4d</b>	<b>7A.4e</b>
1		2		
3		4	%	Yes No <input type="checkbox"/> <input type="checkbox"/>
6		7		8
<b>7A.5a</b>	<b>7A.5b</b>	<b>7A.5c</b>	<b>7A.5d</b>	<b>7A.5e</b>
1		2		
3		4	%	Yes No <input type="checkbox"/> <input type="checkbox"/>
6		7		8

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

98134-LSKNC-32006

Toxic Chemical, Category or Generic Name

NITRIC ACID

## SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1  2  3  4

## SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.  2.  3.  4.  5.   
6.  7.  8.  9.  10.

## SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	5	5	5
8.2	Quantity used for energy recovery onsite	0	0	0
8.3	Quantity used for energy recovery offsite	0	0	0
8.4	Quantity recycled onsite	0	0	0
8.5	Quantity recycled offsite	0	0	0
8.6	Quantity treated onsite	16400	15600	16000
8.7	Quantity treated offsite	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		0	
8.9	Production ratio or activity index		0090.00	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

\*\* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.